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Leadership Behavioral Integrity and Trust on the Employees' Organizational Trust: Examination of The Syrian Private Health Sector

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Abstract. The research investigates the impact of leader trust and leader behavioral integrity on the employee's organization trust; based on the assumption that there is a direct link between leader trust and leader behavioral integrity on organization trust, we have examined the relationship between these variables. The research methodology applies a quantitative deductive approach that collects quantifiable data by using the survey instrument and method. The sampling strategy included interviewing employees across different hospitals to collect answers for the questionnaire designed and an online form that was shared on different social media platforms. The sample comprises 64 responses. The result of the research shows a strong association between leader trust and organizational trust, which supports the hypotheses of this research. Still, it rejected the hypothesis of a significant impact and link of leader behavioral integrity on organizational trust.

Keywords: Leader behavioral integrity, Leader trust, Organizational trust, Organizational commitment, Health care, Organizational citizenship behavior, effectiveness.

1. Introduction

The health care sector is highly labor-intensive and relies on its human capital, requiring a robust work environment and behavioral models for high levels of performance (Ogbeide and Harrington, 2011, Zopiatis and Constanti, 2007). Leader trust is also relevant to a firm's effectiveness, and the urgent requirement for building trust within all of the administrative levels is vital in the health sector in Syria. We focus on leaders' behavioral integrity to understand its effects on both the individual and organizational results and outcomes; also, we consider the potential effects of the leaders' trust and then explore how this trust shapes employees' attitudes towards their leader and organization. Examining leadership integrity, leader trust, and organizational trust, current input to an academic and a scientific study and research. The current research contributes to the academic debate in the relevant fields through empirical evidence from the private health care sector in Syria; it investigates the impact of the variables mentioned and the direct link between them.

2. Prior Literature

2.1. Leadership Integrity

Leadership integrity characterizes the perception of employees of managers' communication and behavioral attitudes within the organizational context. Prior research supported the above conceptualization (Moorman et al., 2018; Davis and Rothstein, 2006, Dale and Fox, 2008). A productive leadership is necessary to ensure success within the organization, and it assists with advancing the leadership style in the health care industry (Schyve, 2009).

It's also noted that when the perceived leader integrity scale from (Craig and Gustafson 1998) was used, it resulted in observing a link between leader behavioral integrity and the attitude of the subordinates in following instructions, their attitudes towards their work, and an increase in their performance.

2.2. Leader Trust

According to Dalati and Chach (2018), the study variables have been investigated and incorporate the topic of manager trust. According to Errol and Bruce (2005), there is a crucial influence manager's communication on subordinates' trust. Levin (1999) supports previous results on leaders' positive impact on developing a corporate culture of trust. The study by Mayer et al. (1995) highlighted the importance of organizational trust in the academic and professional fields.

2.3. Organizational Trust

Organizational trust is defined in the different aspects related to attitudes towards the organization (S. Dalati, H. Alchach. 2018; Shockley-Zalabak & Morreale, 2011; Ellonen, Blomqvist, & Puumalainen, 2008; Entwistle & Quick, 2006; Nyhan & Marlowe, 1997; Alcover et al. 2017, McAllister 1995, McCann and Holt 2009).

Hakan Erkutlu & Jamel Chafra (2016) investigated the relationship between psychological distance, behavioral integrity, and the workplace. McLeary & Cruise, 2015; Cummings & Bromiley, 1996) also defined, in their research, that when there is organizational trust, there is also a feeling of confidence in the organization amongst the employees, and they will also believe that their organization will not take a step against them in the first opportunity it gets.

3. Conceptual Framework and Hypothesis Development

This research assumes organizational trust as the dependent variable, while leader behavioral integrity and leader trust are this research's independent variables. The empirical evidence and statistical analysis presented in previous studies show a direct link between these variables. This research revolves around this link and tries to prove its strength in the Syrian private health care sector.

3.1. Research Hypotheses

This research develops a model which consists of a set of independent variables and a/an outcome/dependent variable. The research model predicts that leader behavior integrity and trust are predicted to affect organization trust and increase it positively.

H1. There is a positive correlation relationship between perceived leader trust and organizational trust in the Syrian private healthcare sector.

H2. There is a positive correlation relationship between perceived leader behavior integrity and organizational trust in the Syrian private healthcare sector.

H3. There is a strong positive effect of perceived leader trust on organizational trust in the Syrian private healthcare sector.

H4. There is a strong positive effect of perceived leader behavioral integrity on organizational trust in the Syrian private healthcare sector.

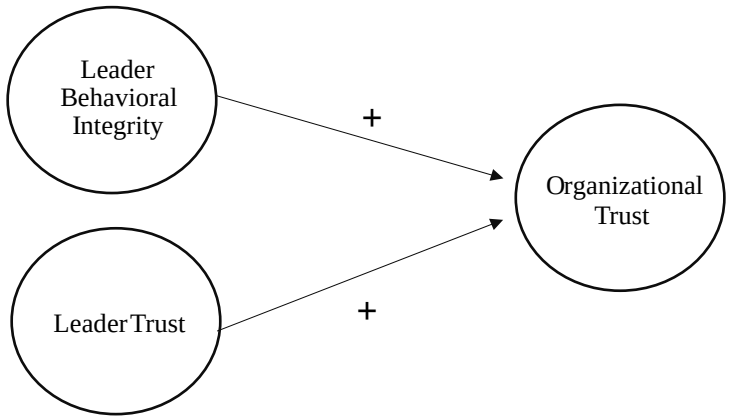

Fig. 1: Conceptual model of leader behavioral integrity, leader trust, and organizational trust

3.2. Leader Trust

When trust is established between the subordinates and their line managers that reflects a positive perception, an increased possibility of a productive environment improves employee engagement. The leader's trust subscale originally contained eight items.

3.3. Leader Behavioral Integrity

Leader behavioral integrity simply means how much the employees think and assume that their leaders represent who they are and what they believe in. It is a subjectively ascribed trait, "the perceiver's assessment of a referent's word–deed alignment determines a referent's Behavioral Integrity" (Simons et al. 2007). The leader's behavioral integrity subscale contains eight items.

3.4. Organizational Trust

Organizational trust shows significant importance to both individuals and groups as it affects the organization's operations. It is defined as the employees' confidence in the actions the organization will take. The purpose of this variable is to test loyalty and willingness to stay with a company. The Organizational Commitment Questionnaire (OCQ) helps measure employees' organizational commitment. It is a 15-item semantic differential scale developed by Mowday, Steers, and Porter (Mowday et al., 1979).

4. Methodology

This study targeted the relationship between leader behavioral integrity and leader trust variables impacting the employees' organizational trust. After reading previous work and studies, this kind of research aims to test a hypothesis and develop a conclusion based on the collected data. The data for this research was further collected at some private hospitals in Syria and online forms that were distributed and shared via social media platforms.

The method used to collect the quantifiable data for this research was by using the survey method for collecting data in quantitative research.

4.1. Measures and Scales

The leader behavior integrity subscale has been conducted by Simons and McLean-Parks (2000). The scale applies a five-point Likert scale ranging from 1 = strongly disagree to 5= strongly agree. The leader trust subscale was developed by Nyhan and Marlowe (1997), and it is called Organizational Trust Inventory. Organizational Trust Inventory is employed in this research.

Leader trust research questionnaire to measure individual employees perceived level of trust in his /her supervisor only, and another scale was used for organizational trust. The organizational trust subscale is developed by Mowday, Steers, and Porter (Mowday et al., 1979). The original scale consists of 15 items, where only nine are

positive, and 6 items consist of negative statements as a semantic differential scale. However, for this research, we have only used the positive items.

4.2. Sample Strategy

An interview-based questionnaire was designed to collect data from private hospitals in Syria that are operating in Damascus, the capital of Syria. The participating hospitals are small- to medium-sized hospitals with around 70-100 employees. Data was collected through interviews by the research authors and then submitted the answers immediately to a Google online questionnaire. This strategy makes up 84.375% of the data, as for the rest of the 15.625% of the data was collected using a probability sampling strategy. We have received answers from different private hospitals and medical centers. The sample size is mainly 64 nursing staff and doctors and some administrative staff working in 7 hospitals and private centers in Syria. Data were collected in May 2022.

4.3. Area of Study

The study was carried out in AlAsadi Hospital and Syrian Specialized Hospital in Damascus, Syria. The researchers were given full access to the employees, and the survey was conducted on all employees that were available across different departments and on different shifts. The second part of our data that was collected from an online survey represents the least input we have for our research. It was collected and consisted of answers from employees of private hospitals and medical centers in Syria.

5. Research Analysis and Results

5.1. Demographic Analysis

For this research, the demographic analysis consists of gender, age, educational level, major of study, and the hospital the employee works for. Tables 1, 2, 3, 4, and 5 illustrate the demographic analysis.

Table 1: Hospital sample distribution (n = 64) (source: developed by authors)

Hospital	Frequency	Percent (%)
AlAsadi Hospital	33	51.56
Yousef Ali Hospital	1	1.56
Emergency Clinic	5	7.81
AlKalamoon Hospital	1	1.56
Syrian Specialized Hospital	22	34.37
AlZahera Medical Center	1	1.56
Eye Surgical Hospital	1	1.56
Total	**64**	**100**

Table 2: Gender sample distribution (n = 64) (source: developed by authors)

Gender	Frequency	Percent (%)
Male	24	37.5
Female	40	62.5
Total	**64**	**100**

Table 3: Educational level sample distribution (n = 64) (source: developed by authors)

Educational Level	Frequency	Percent (%)
Middle School	1	1.6
Secondary Education	5	7.8
Associate Degree	37	57.8
Bachelor’s Degree	11	17.2
Master's Degree	10	15.6
Total	**64**	**100**

Table 4. Major of study sample distribution (n = 64) (source: developed by authors)

Educational Level	Frequency	Percent (%)
Nursing	30	46.9
Internal Medicine	1	1.6
General Surgery	4	6.3
Anaesthetization	6	9.4
Physiotherapy	1	1.6
Anaesthetization/Radiation	1	1.6
Radiation	3	4.7
Midwifery Specialty	1	1.6
Urology	1	1.6
Pediatrics	1	1.6
Medicine	1	1.6
Executive Secretariat	1	1.6
Economics	2	3.1
Gastroenterologist	1	1.6
Nursing and Midwifery Specialty	1	1.6
Intensive Care	1	1.6
Pharmaceutical	1	1.6
Education	1	1.6
Media	1	1.6
Art	1	1.6
Legal Studies	1	1.6
General Internal Medicine	1	1.6
Philosophy/Nursing	1	1.6
Pharmacy	1	1.6
Emergency Medicine	1	1.6
Total	**64**	**100**

Table 5: Age sample distribution (n = 64) (source: developed by authors)

	Minimum	Maximum	Mean
Age	21	57	33.06

5.2. Reliability Analysis

A reliability analysis is a study that allows seeing the properties of measurement scales and the items that compose the scales. Data reliability also indicates that the

data is accurate and complete, which is crucial to ensuring data trust across the organization. Data trust and reliability are one of the main elements and objectives of data integrity initiatives. Cronbach alpha analysis is applied to analyze reliability and to measure the internal reliability of items in the three sections to know if there is consistency between them or not. Table 6 illustrates reliability analysis.

Table 6: Reliability analysis, Cronbach alpha (n = 64)

Variable Component	**Number of Items**	**Alpha (a) without deleting any items**
Leader Trust	5	.775
Leader Behavioral Integrity	5	.860
Organizational Trust	5	.814

This means that the reliability of all of our variables is acceptable, the reliability for our first variable, leader trust is good, the reliability of our second variable, leader behavioral integrity is very reliable, and lastly, the reliability of the third variable, organizational trust is also very reliable.

5.3. Descriptive Analysis

A descriptive analysis is a study that allows describing the basic features of scales. The descriptive analysis below will include our scales' mean and standard deviation.

Table 7: Descriptive analysis for the scale of all variables (n = 64) (source: developed by authors)

Leader Trust	**M**	**SD**
I have confidence that my line manager will make well-thought-out decisions about his/her job	3.89	.857
I have confidence that my line manager is technically competent at the critical elements of his/her job	3.83	1.001
I have confidence that my line manager has an acceptable level of understanding of his/her job	4.17	.808
I have confidence that I can rely on what my manager tells me	3.88	.968
I would not mind putting my well-being in my manager's hands	2.98	1.202

Leader Behavioral Integrity	**M**	**SD**
My manager practices what he preaches	3.86	.852
My manager delivers on promises	3.81	1.022
My manager does what he/she says he/she will do	3.70	.971
My manager conducts himself/herself by the same values he/she talks about	3.89	.875

If my manager says he/she is going to do something, he/she will	3.72	.881

Organizational Trust	**M**	**SD**
I feel high loyalty to this hospital	4.11	.978
For me, this is the best of all possible hospitals for which to work	3.31	1.258
I would accept almost any type of job assignment to keep working for this hospital	3.02	1.409
I am proud to tell others that I am part of this hospital	4.19	.871
I care about the fate of this hospital	4.16	.979

Table 8: Descriptive analysis for the variables' grand means (n = 64) (source: developed by authors)

Variable Component	**M**	**SD**
Leader Trust	3.75	.708
Leader Behavioral Integrity	3.79	.738
Organizational Trust	3.75	.845

Table 8 illustrates descriptive data analysis for research variables. Grand mean and standard division values are presented. Leadership behavioral integrity received the highest score (M=3.79), whereas the rest of the two variables received the lowest equal score (M=3.75). All research variables' grand means have above average (Al-Ahmad Chaar and Easa 2020).

5.4. Correlation Analysis

A correlation analysis is a statistical study and method that measures the strength of the linear relationship between different variables and computes their association. Bivariate correlation analysis measures the relationship between leader trust, leader behavioral integrity, and organizational trust. Due to having outliers that have disrupted the normality of the data, we have conducted both parametric and nonparametric tests and removed the outliers from our tests. We have used both Pearson's Correlation and Spearman's Correlation. The correlation analysis showed a strong positive relationship between leader trust and leader behavioral integrity. The association between leader trust and leader behavioral integrity indicates a moderate positive correlation where r= .620**, n= 64, p= .000 using the Pearson's Correlation, and also have indicated a moderate-to-high positive correlation relationship using the

Spearman’s Correlation where r= .664**, n= 64, p= .000. The relationship between leader trust and organizational trust indicates a low-to-moderate positive correlation relationship where r= .396**, n=64, p=.001 using the Pearson’s Correlation, and also have indicated a low positive correlation relationship using the Spearman’s Correlation where r= .376**, n= 64, p= .002. The relationship between leader behavioral integrity and organizational trust indicates a low positive correlation

relationship where r= .322**, n=64, p=.009 using the Pearson's Correlation, and also have indicated a moderate positive correlation relationship using the Spearman's Correlation where r= .408**, n= 64, p= .001.

Table 9: Mean, standard deviation, and correlations between this research's variables using Pearson's Correlation (source: developed by authors)

Variables	M	SD	1	2	3
1. Leader Trust	3.81	.612	1		
2. Leader Behavioral Integrity	3.85	.663	.620** .000	1	
3. Organizational Trust	3.80	.770	.396** .001	.322** .009	1

Table 10. Mean, standard deviation, and correlations between this research's variables using Spearman's Correlation (source: developed by authors)

Variables	1	2	3
1. Leader Trust	1		
2. Leader Behavioral Integrity	.664** .000	1	
3. Organizational Trust	.376** .002	.408** .001	1

5.5. Regression Analysis

Linear regression is performed to explore leader trust and behavioral integrity's effect on organizational trust in the Syrian private healthcare sector. Leader trust and leader behavioral integrity are manipulated as predictors' variables and organizational trust as the outcome variable. A simple regression analysis was deployed, and we got a result for each link that we tested. The first result indicates a significant relationship between leader trust and organizational trust, where simple regression produces a standardized beta of .396, p= .001, since the significance (p) is .001. The regression analysis confirms leader trust is a strong predictor of organizational trust. Using the simple regression again for the other independent variable, the analysis indicates that leader behavior integrity is not a predictor of organizational trust; single regression produced a standardized beta of .322, p= .009 since the significance (p) is higher than .005. The regression analysis results support hypothesis 3, confirming that perceived leader trust has a direct effect on organizational trust but rejects hypothesis 4, that leader behavioral integrity has a strong direct effect on organizational trust.

Table 11: Simple regression analysis of leader trust on organizational trust (source: developed by authors)

Variables	***B***	***B SE***	***β***	**t**	**Sig.**
Constant	1.904	.566		3.366	.001
Leader Trust	.497	.147	.396	3.393	.001
Notes: R = .396, R^2= .157, Adjusted R^2= .143.					

Table 12. Simple regression analysis of leader behavioral integrity on organizational trust (source: developed by authors)

Variables	***B***	***B SE***	***β***	**t**	**Sig.**
Constant	2.357	.546		4.316	.000
Leader Behavioral Integrity	.374	.140	.322	2.682	.009
Notes: R = .322, R^2= .104, Adjusted R^2=.089.					

6. Discussion and Recommendations

The results of this survey have provided some of the first empirical data about the impact of positive leader trust and leader behavioral integrity perceptions on organizational trust in Syria, specifically in the private health care sector. According to the research analysis, we can conclude that this data provides evidence about how the respondents perceive their leaders' trust and behavioral integrity and how this affects their perception of the organizational trust. The data proves a direct relationship between leader and organizational trust as per our regression analysis. Therefore, the private healthcare sector in Syria should take initiatives to increase the employees' direct leader trust if increasing organizational trust is within their main goals and department strategies.

Table 13: Hypotheses testing results (source: developed by authors)

No.	Statement	Findings	Results
H1	There is a positive correlation relationship between perceived leader trust and organizational trust in the Syrian private healthcare sector.	Pearson: r= 396** n=64 p= .001 Spearman: r= .376** n=64 p= .002	Accepted
H2	There is a positive correlation relationship between perceived leader behavior integrity and organizational trust in the Syrian private healthcare sector.	Pearson: r= .322** n=64 p= .009 Spearman: r= .408** n=64 p= .001	Accepted
H3	There is a strong positive effect of perceived leader trust on organizational trust in the Syrian private healthcare sector.	R = .396 R^2= .157 Adjusted R^2= .145 p= .001	Accepted
H4	There is a strong positive effect of perceived leader behavioral integrity on organizational trust in the Syrian private healthcare sector.	R = .322, R^2= .104, Adjusted R^2= .089 p= .009	Rejected

Organizational trust increases the employees' willingness to remain within the firm, increases job satisfaction, decreases the turnover rate, supports innovation among the employees, and last. Still not least, it improves work performance. It is vital to focus on increasing organizational trust for the employees. The research authors recommend that the healthcare sector entities attempt to create new norms of trust within the organization, maintain high moral standards, and have routine communication across the organization as communication is an essential element of trust, encourage and add many coaching sessions to increase the skills of the entity's employees, assists with letting the employees build trust towards the organization, and lastly but not least, incorporate an appreciative approach and encourage a constant appreciation within the organization.

The finding of this research is supported by previous research on the relationship between leader trust and organizational trust (Dalati S. Alchach H. 2018). The researchers have faced issues with accessing the Syrian private hospitals, so this problem was resolved by sending proposals to several hospitals in the private sector. The researchers could access two different hospitals with full support from the senior organizational management. Also, they were able to make a deal with the senior management of those hospitals (offering each hospital their study results), which solved this dilemma.

The research authors have had issues receiving reliable data from the Syrian private hospitals. So, they have decided to do interviews with all the employees individually, to rely on the data that will be collected, and to ensure that each question was understood and answered correctly.

Interviewing each employee individually generated another dilemma for the researchers because the interviews took longer than anticipated. Still, the researchers were able to solve this by incorporating a good teamwork strategy and a good time management strategy.

However, this method has also faced obstacles, because some of the employees seemed uncomfortable doing the interviews, due to personal assumptions that the researchers were sent from the hospital's senior management to evaluate them and report back to the senior management against them. So, the research authors have tried to create a trusting environment between them and the employees by focusing on the interviews' privacy, and each employee ended up being interviewed in complete privacy with ensuring that no data would be shared, and their answers were completely anonymous.

There are many potential limitations to this study, and some of the limitations are the sample size and the location that was studied, and had this sample collected. The sample size is 64, which makes a small percentage of the employees in the private healthcare sector in Syria. The location of the study was mainly in Damascus, which adds a geographical limitation to this study as it cannot be generalized to all the cities in Syria, as the conditions could differ.

There is also a possibility that the research participants did not provide honest and reliable responses due to the sensitivity of this topic, which might limit the actual reliability of the data. However, this is just a possibility considering the high reliability of this study.

Another possible limitation of this study would be that the sample was mainly collected from hospitals, and other medical centers were not heavily focused. The results could vary if the sample contained both kinds of organizations in the private healthcare sector.

This research has opened the doors to conducting managerial-based research in the Syrian private healthcare sector and potentially the public sector as well. This research has many possible paths to dig deeper into the current variables we have studied and many others that are related and not related to this research topic.

It is possible to increase the sample size and collect responses from different locations in Syria, which will make the future research more reliable, covering more data that is not available in this current research, as well as having the opportunity to reach an agreement with the senior management of different entities in the private healthcare sector in Syria and conduct the future research as a mandatory survey that would not need interviews to be collected.

Also, if the sample type was not limited to hospitals only but to include different

private medical centers, a broader and more generalized study could be conducted to contain all kinds of private and public medical entities, other variables can be added to this study, such as organizational citizenship behavior, which will assist the future of this study to contain more outcomes in the Syrian healthcare sector.

7. Conclusions

In conclusion, we can say that this research has examined leader trust and leader behavioral integrity as independent variables and their impact on organizational trust, which is the dependent variable. This research built on a combination of similar studies conducted in different advanced countries is applicable in Syria as well. Since the original research was not limited to being conducted only in the healthcare sector, it can be expanded to other sectors. As for this research, it has shown success in being applied in a developing country and to be one of the first of its kind after the Syrian Crisis and war. The data of this research has stressed the positive relationship between leader trust and organizational trust as per the regression analysis, which means that this is a variable that should become a target of focus, mainly the hospitals that the sample was collected from, and is a possible target of focus to the rest of the organizations in the private Syrian healthcare sector.

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